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MONEY FOLLOWS THE PERSON QUALITY OF LIFE SURVEY

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MONEY FOLLOWS THE PERSON QUALITY OF LIFE SURVEY

The Money Follows the Person Quality of Life Survey (QoL) was designed to measure quality of life in seven domains: living situation, choice and control, access to personal care, respect/dignity, community integration/inclusion, overall life satisfaction, and health status. The target population for the survey includes people with disabilities and long-term illnesses who are transitioning from institutionalized care to a care setting in the community. The survey is to be administered to all participants at three points in time—just prior to transition, about 11 months after transition, and about 24 months after transition.

The QoL takes approximately 15 to 20 minutes to complete. A few questions are asked only before or after the transition, although most are asked at all three interviews. The survey is intended to be administered by an interviewer, in person, and in a private setting (e.g., an office in a nursing facility). Depending on the individual circumstances and the abilities of the participant, however, a proxy respondent or an assisted interview may be necessary. A proxy respondent is a person who answers the survey questions on the participant's behalf. In an assisted interview, a third person is present to help the participant answer questions. This survey also has been translated into Spanish.

The development of the QoL survey was funded by the Centers for Medicare and Medicaid Services (CMS) under contract HHSM-500-2005-00025I (0002). The majority of questions are based on the Participant Experience Survey (Version 1.0 of Mental Retardation/Developmental Disabilities 2003, MEDSTAT Group, Inc.), although a few items are drawn from other instruments (ASK ME!, Cash and Counseling, National Core Indicator Survey (NCI), Quality of Life Enjoyment and Satisfaction Questionnaire—Short Form, and the Nursing Home Consumer Assessment of Health Plans Survey (NH CAHPS)).

The survey is free and available for use by the public; no one can use the survey for monetary purposes. Users are expected to include the following citation:

Sloan, Matt, and Carol Irvin. Money Follows the Person Quality of Life Survey. Prepared for Centers for Medicare and Medicaid Services (CMS). Washington, D.C.: Mathematica Policy Research, Inc., 2007.

MFP QUALITY OF LIFE SURVEY

RESPONDENT INFORMATION

Respondent Name: _____

Respondent Street Address: _____

Respondent City: _____

Respondent State: _____

Respondent ZIP Code: _____

Medicaid ID number: _____

☐ *Check here if the Sample Member is deceased and record date of death:*

[_____] [_____] [_____]
Month Day Year

➔ GO TO END

Hello, my name is _____ and I am from _____. I'm here to ask for your help with an important study of Medicaid beneficiaries in the state of _____. The Quality of Life Survey, sponsored by the Centers for Medicare & Medicaid Services (CMS) and the state of _____, is an essential part of an evaluation of the Money Follows the Person Program, a program designed to help Medicaid beneficiaries transition out of institutional care into the community. I'd like to ask you some questions about your housing, access to care, community involvement, and your health and well-being. Results from the study will help CMS and the state of _____ evaluate how well its programs are meeting the needs of Medicaid beneficiaries like you.

Before we begin, let me assure you that all information collected will be kept strictly confidential and will not be reported in any way that identifies you personally. Your answers will be combined with the answers of others and reported in such a way that no single individual could ever be identified. Further, the information collected will not be used by anyone to determine your continuing eligibility for Medicaid benefits. We are collecting this information for research purposes only. However, I may be required to report any instances of abuse or neglect that you tell me about to authorities. Your participation is completely voluntary and if we come to any question you prefer not to answer, just tell me and we'll move on to the next one.

If you have any questions, please stop me and ask me. Also, please let me know if you do not understand a question or if you would like me to repeat it.

MODULE 1: LIVING SITUATION

1. I'm going to ask you a few questions about the place you live. About how long have you lived (here/in your home)?

Probe: Your best estimate is fine.

Interviewer: If respondent indicates less than 1 month, enter 1 month.

[_____] [_____]
 Years Months

➡ GO TO QUESTION 2

DON'T KNOW DK
 REFUSED R

- 1a. Would you say you have lived here more than five years?

Yes 01
 No 02
 Don't Know DK
 Refused R

2. *Interviewer: Does sample member live in a group home or nursing facility?*

Yes 01
 No 02
 Don't Know DK
 Refused R

3. Do you like where you live?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

4. Did you help pick (this/that) place to live?

Yes 01
No 02
DON'T KNOW DK
REFUSED R

5. Do you feel safe living (here/there)?

Yes 01 ➔ GO TO QUESTION 6
No 02 ➔ GO TO QUESTION 6
DON'T KNOW DK ➔ GO TO QUESTION 6
REFUSED R ➔ GO TO QUESTION 6

5a. How often do you feel unsafe living (here/there)?

Sometimes 01
Most of the Time 02
DON'T KNOW DK
REFUSED R

6. Can you get the sleep you need without noises or other disturbances where you live?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

MODULE 2: CHOICE AND CONTROL

7. Can you go to bed when you want?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

8. Can you be by yourself when you want to?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

9. When you are at home, can you eat when you want to?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

10. Can you choose the foods that you eat?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

11. Can you talk on the telephone without someone listening in?

Yes 01
No 02
Sometimes 03
No access to telephone..... 04
DON'T KNOW DK
REFUSED R

12. Can you watch TV when you want to?

Yes 01
No 02
Sometimes 03
No access to TV 04
DON'T KNOW DK
REFUSED R

13. **[AFTER TRANSITION ONLY]** Some people get an allowance from the state to pay for the help or equipment they need. Do you get an allowance like this?

Yes 01
No 02 ➔ **GO TO QUESTION 14**
DON'T KNOW DK ➔ **GO TO QUESTION 14**
REFUSED R ➔ **GO TO QUESTION 14**

- 13a. **[AFTER TRANSITION ONLY]** In the last 12 months, what help or equipment did you buy with this allowance?

[Code all that apply]

Modified Home 01
Modified Car 02
Special Equipment 03
Paid Help 04
Transportation 05
Household Goods 06
Security Deposit 07
Other 08
DON'T KNOW DK
REFUSED R

MODULE 3: ACCESS TO PERSONAL CARE

14. Now I'd like to ask you about some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them. First, does anyone help you with things like bathing, dressing, or preparing meals?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes 01
No 02 ➔ **GO TO QUESTION 15**
DON'T KNOW DK ➔ **GO TO QUESTION 15**
REFUSED R ➔ **GO TO QUESTION 15**

- 14a. Do any of these people get paid to help you?

Yes 01
No 02 ➔ **GO TO QUESTION 15**
Don't Know DK ➔ **GO TO QUESTION 15**
Refused R ➔ **GO TO QUESTION 15**

14b. Do you pick the people who are paid to help you?

Yes 01
No 02
Don't Know DK
Refused R

15. Do you ever go without a bath or shower when you need one?

Yes 01
No 02 ➔ GO TO QUESTION 16
DON'T KNOW DK ➔ GO TO QUESTION 16
REFUSED R ➔ GO TO QUESTION 16

15a. How often do you go without a bath or shower when you need one? Would you say only sometimes or most of the time?

Sometimes 01
Most of the time 02
DON'T KNOW DK
REFUSED R

15b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes 01
No 02
DON'T KNOW DK
REFUSED R

16. Do you ever go without a meal when you need one?

Yes 01
No 02 ➔ GO TO QUESTION 17
DON'T KNOW DK ➔ GO TO QUESTION 17
REFUSED R ➔ GO TO QUESTION 17

16a. How often do you go without a meal when you need one? Would you say only sometimes or most of the time?

Sometimes 01
Most of the Time 02
DON'T KNOW DK
REFUSED R

16b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes 01
No 02
DON'T KNOW DK
REFUSED R

17. Do you ever go without taking your medicine when you need it?

Probes: Medicines are pills or liquids that are given to you by a doctor to help you feel better.

Yes 01
No 02 ➔ **GO TO QUESTION 18**
DON'T KNOW DK ➔ **GO TO QUESTION 18**
REFUSED R ➔ **GO TO QUESTION 18**

17a. How often do you go without taking your medicine when you need it? Would you say only sometimes or most of the time?

Sometimes 01
Most of the Time 02
DON'T KNOW DK
REFUSED R

17b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes 01
No 02
DON'T KNOW DK
REFUSED R

18. Are you ever unable to use the bathroom when you need to?

Yes 01
No 02 ➔ **GO TO QUESTION 19**
DON'T KNOW DK ➔ **GO TO QUESTION 19**
REFUSED R ➔ **GO TO QUESTION 19**

18a. How often are you unable to use the bathroom when you need to? Would you say only sometimes or most of the time?

Sometimes 01

Most of the Time 02
 DON'T KNOW DK
 REFUSED R

18b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes 01
 No 02
 DON'T KNOW DK
 REFUSED R

19. **[AFTER TRANSITION ONLY]** Have you ever talked with a case manager or support coordinator about any special equipment or changes to your home that might make your life easier?

Probe: Equipment means things like wheelchairs, canes, vans with lifts, and automatic door opener.

Yes	01	
No	02	➡ GO TO QUESTION 20
DON'T KNOW	DK	➡ GO TO QUESTION 20
Not Applicable	N/A	➡ GO TO QUESTION 20
REFUSED	R	➡ GO TO QUESTION 20

19a. **[AFTER TRANSITION ONLY]** What equipment or changes did you talk about?

DON'T KNOW DK
 REFUSED R

19b. **[AFTER TRANSITION ONLY]** Did you get the equipment or make the changes you needed?

Yes 01
 No 02
 In Process 03
 DON'T KNOW DK
 REFUSED R

20. **[AFTER TRANSITION ONLY]** Please think about all the help you received during the last week *around the house* like cooking or cleaning. Do you need more help with things around the house than you are now receiving?

Yes 01
 No 02

DON'T KNOW DK
REFUSED R

21. **[AFTER TRANSITION ONLY]** During the last week, did any family member or friends help you with things around the house?

Yes 01
No 02 ➡ **GO TO QUESTION 22**
DON'T KNOW DK ➡ **GO TO QUESTION 22**
REFUSED R ➡ **GO TO QUESTION 22**

- 21a. **[AFTER TRANSITION ONLY]** Please think about *all* the family members and friends who help you. About how many hours did they spend helping you yesterday?

Probe: Your best estimate is fine.

Interviewer: if less than one hour, enter 1 hour.

[]
Hours

DON'T KNOW DK
REFUSED R

MODULE 4: RESPECT AND DIGNITY

Note: If Q14 = No, DK or R ➡ **GO TO QUESTION 27**

Interviewer: For questions in this module, refer to your state's policy on reporting any suspected incidents of abuse and neglect. For this survey, record only reports of current abuse.

22. You said that you have people who help you. Do the people who help you treat you the way you want them to?

Yes 01 ➡ **GO TO QUESTION 23**
No 02 ➡ **GO TO QUESTION 23**
DON'T KNOW DK ➡ **GO TO QUESTION 23**
REFUSED R ➡ **GO TO QUESTION 23**

- 22a. How often do they not treat you the way you want them to? Would you say only sometimes or most of the time?

Sometimes 01
Most of the Time 02
DON'T KNOW DK
REFUSED R

23. Do the people who help you listen carefully to what you ask them to do?

Yes 01 ➡ **GO TO QUESTION 24**
No 02
DON'T KNOW DK ➡ **GO TO QUESTION 24**
REFUSED R ➡ **GO TO QUESTION 24**

23a. How often do they not listen to you? Would you say only sometimes or most of the time?

Sometimes 01
Most of the time 02
DON'T KNOW DK
REFUSED R

24. **[Optional]** Have you ever been physically hurt by any of the people who help you now?

Probe: Physically hurt means someone could have pushed, kicked, or slapped you.

Yes 01
No 02 ➡ **GO TO QUESTION 25**
DON'T KNOW DK ➡ **GO TO QUESTION 25**
REFUSED R ➡ **GO TO QUESTION 25**

24a. **[Optional]** What happened when the people who help you now physically hurt you?

DON'T KNOW DK
REFUSED R

24b. **[Optional]** How many times have you been physically hurt by the people who help you now?

Probe: Your best guess is fine.

[]
Times

DON'T KNOW DK
REFUSED R

25. **[Optional]** Are any of the people who help you now mean to you or do they yell at you?

Probe: Do they treat you in a way that makes you feel bad or do they hurt your feelings?

Yes 01
 No 02 ➔ GO TO QUESTION 26
 DON'T KNOW DK ➔ GO TO QUESTION 26
 REFUSED R ➔ GO TO QUESTION 26

25a. **[Optional]** How often are they mean to you? Would you say only sometimes or most of the time?

Sometimes 01
 Most of the Time 02
 DON'T KNOW DK
 REFUSED R

26. **[Optional]** Have any of the people who help you now ever taken your money or things without asking first?

Yes 01
 No 02 ➔ GO TO QUESTION 27
 DON'T KNOW DK ➔ GO TO QUESTION 27
 REFUSED R ➔ GO TO QUESTION 27

26a. **[Optional]** How many times have they taken your money or things without asking first?

Probe: Your best guess is fine.

[]
 Times

DON'T KNOW DK
 REFUSED R

MODULE 5: COMMUNITY INTEGRATION AND INCLUSION

27. I'd like to ask you a few questions about things you do. Can you see your friends and family when you want to see them?

Interviewer: Code "yes" if respondent indicates that they have either gone to see friends or family or that friends and family have come to visit them.

Yes 01
 No 02 ➔ GO TO QUESTION 28
 DON'T KNOW DK ➔ GO TO QUESTION 28
 REFUSED R ➔ GO TO QUESTION 28

27a. How often do you see your friends and family when you want to see them? Would you say only sometimes or most of the time?

Sometimes 01
 Most of the Time 02

DON'T KNOW DK
REFUSED R

28. Can you get to the places you need to go, like work, shopping, or the doctor's office?

Yes 01
No 02 ➡ **GO TO QUESTION 29**
DON'T KNOW DK ➡ **GO TO QUESTION 29**
REFUSED R ➡ **GO TO QUESTION 29**

28a. How often do you get to the places you need to go, like work, shopping, or the doctor's office? Would you say only sometimes or most of the time?

Sometimes 01
Most of the Time 02
DON'T KNOW DK
REFUSED R

29. Is there anything you *want* to do outside [the facility/your home] that you can't do now?

Yes 01
No 02 ➡ **GO TO QUESTION 30**
DON'T KNOW DK ➡ **GO TO QUESTION 30**
REFUSED R ➡ **GO TO QUESTION 30**

29a. What would you like to do that you don't do now?

DON'T KNOW DK
REFUSED R

29b. What do you need to do these things?

DON'T KNOW DK
REFUSED R

30. When you go out, can you go by yourself or do you need help?

Go out Independently.....	01	➡ GO TO QUESTION 31
Need Help	02	
DON'T KNOW	DK	➡ GO TO QUESTION 31
REFUSED	R	➡ GO TO QUESTION 31

30a. Please think about *all* the help you received during the last week with *getting around the community*, such as shopping and going to a doctor's appointment, do you need *more* help getting around than you are receiving?

Yes	01
No.....	02
DON'T KNOW	DK
REFUSED	R

31. **[AFTER TRANSITION ONLY]** Are you working for pay right now?

Probe: Do you get any money for doing work?

Yes	01	➡ GO TO QUESTION 32
No.....	02	
DON'T KNOW	DK	➡ GO TO QUESTION 32
REFUSED	R	➡ GO TO QUESTION 32

31a. **[AFTER TRANSITION ONLY]** Do you want to work for pay?

Yes	01
No.....	02
DON'T KNOW	DK
REFUSED	R

32. **[AFTER TRANSITION ONLY]** Are you doing volunteer work or working without getting paid?

Probe: Are you doing work but not getting any money for it?

Yes	01	➡ GO TO QUESTION 33
No.....	02	
DON'T KNOW	DK	➡ GO TO QUESTION 33
REFUSED	R	➡ GO TO QUESTION 33

32a. **[AFTER TRANSITION ONLY]** Would you like to do volunteer work or work without getting paid?

Probe: would you like to do work without getting paid for it?

Yes 01
No 02
DON'T KNOW DK
REFUSED R

33. I'd like to ask you a few questions about how you get around. Do you go out to do fun things in your community?

Probe: These are things that you enjoy such as going to church, the movies or shopping?

Yes 01
No 02
DON'T KNOW DK
REFUSED R

34. When you want to go somewhere, can you just go, do you have to make some arrangements, or do you have to plan many days ahead and ask people for help?

Decide and Go 01
Plan Some 02
Plan Many Days Ahead..... 03
DON'T KNOW DK
REFUSED R
N/A.....NA

35. Do you miss things or have to change plans because you don't have a way to get around easily?

Probe: Do you have to miss things because it is hard for you to get there?

Yes 01
No 02
Sometimes 03
DON'T KNOW DK
REFUSED R

36. Is there any medical care, such as a medical treatment or doctor's visits, which you have not received or could not get to within the past month?

Probe: The medical care includes doctor visits or medical treatments that you may need.

Yes 01
No 02
DON'T KNOW DK
REFUSED R

MODULE 6: SATISFACTION

37. Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?

Happy	01	➔ GO TO QUESTION 37a
Unhappy	02	➔ GO TO QUESTION 37b
DON'T KNOW	DK	➔ GO TO QUESTION 38
REFUSED	R	➔ GO TO QUESTION 38

- 37a Would you say you are a little happy or very happy?

A little happy	01	➔ GO TO QUESTION 38
Very happy	02	➔ GO TO QUESTION 38
Don't Know	DK	➔ GO TO QUESTION 38
Refused	R	➔ GO TO QUESTION 38

- 37b Would you say you are a little unhappy or very unhappy?

A little unhappy	01
Very unhappy	02
Don't Know	DK
Refused	R

38. Taking everything into consideration, during the past week have you been happy or unhappy with the way you live your life?

Happy	01	➔ GO TO QUESTION 38a
Unhappy	02	➔ GO TO QUESTION 38b
DON'T KNOW	DK	➔ GO TO QUESTION 39
REFUSED	R	➔ GO TO QUESTION 39

- 38a Would you say you are a little happy or very happy?

A little happy	01	➔ GO TO QUESTION 39
Very happy	02	➔ GO TO QUESTION 39
Don't Know	DK	➔ GO TO QUESTION 39
Refused	R	➔ GO TO QUESTION 39

- 38b Would you say you are a little unhappy or very unhappy?

A little unhappy	01
Very unhappy	02
Don't Know	DK
Refused	R

MODULE 7: HEALTH STATUS

39. During the past week have you felt sad or blue?

Yes	01	
No	02	➔ GO TO QUESTION 40
DON'T KNOW	DK	➔ GO TO QUESTION 40
REFUSED	R	➔ GO TO QUESTION 40

39a. How often have you felt sad and blue? Would you say only sometimes or most of the time?

Sometimes	01
Most of the Time.....	02
DON'T KNOW	DK
REFUSED	R

40. During the past week have you felt irritable?

Probe: Irritable means grumpy or easily upset about things in your life.

Yes	01	
No	02	➔ GO TO QUESTION 41
DON'T KNOW	DK	➔ GO TO QUESTION 41
REFUSED	R	➔ GO TO QUESTION 41

40a. How often have you felt irritable? Would you say only sometimes or most of the time?

Probe: Irritable means grumpy or easily upset about things in your life.

Sometimes	01
Most of the Time	02
DON'T KNOW	DK
REFUSED	R

41. During the past week have you had aches and pains?

Yes	01	
No	02	➔ GO TO QUESTION 42
DON'T KNOW	DK	➔ GO TO QUESTION 42
REFUSED	R	➔ GO TO QUESTION 42

41a. How often do you have aches and pain? Would you say only sometimes or most of the time?

Sometimes	01
Most of the Time.....	02
DON'T KNOW	DK
REFUSED	R

Transportation

1. Not including medical appointments, can you get to the places that you want to go?
Probe: Places such as the grocery store, church, and locations where you do fun things.
Yes (1)
No (2) **IF NO, GO TO QUESTION 1a.**
Don't Know (3)
Refused (4)
 - 1a. If no, is it because transportation is not available?
Yes (1)
No (2)
Don't Know (3)
Refused (4)
Not Applicable (5)

Living Situation

2. Do you currently live with family or friends? *(Note: Do not include other residents/roommates as friends unless they intentionally moved in to a home together)*
Yes (1)
No (2)
Don't Know (3)
Refused (4)

Contact with Family and Friends

3. Earlier we asked if you can see your friends and family when you want to. Would you say that you are able to communicate with friends or family when you want to? Probe: Communication could include phone calls, texts, emails, in-person visits, video conferencing, or other communication methods? *(Note: If unable to communicate using these methods, mark "Don't Know.")*
Yes (1)
No (2)
Don't Know (3)
Refused (4)

Diet

4. We asked questions about choosing when and what you eat. Are there restrictions or requirements which affect your ability to eat what you want?
Probe: Restrictions or requirements could include a diabetic diet, liquid nutrition or restrictions due to intolerances.
Yes (1)
No (2)

Don't Know (3)

Refused (4)

Housing Clarification

5a. How would you describe your current living arrangement? *After the respondent provides a description, confirm the response fits into one of the categories below:*

Skilled Nursing Facility, Nursing Home, or Hospital (1)

Host Home (2)

Group or personal care home of 4 or less individuals (not to include host home, could be a community living arrangement) (3)

Group or personal care home of 5 or more individuals (Probe: could also be an assisted living community) (4)

An apartment (5)

A house (or condominium) (6)

Other: (7) _____

Don't Know (8)

Refused (9)

5b. Is this where you want to live?

Yes (1)

No (2) **IF NO, GO TO QUESTION 5b1.**

Don't Know (3)

Refused (4)

5b1. If no, where do you want to live?

Skilled Nursing Facility, Nursing Home, or Hospital (1)

Host Home (2)

Group or personal care home of 4 or less individuals (not to include host home, could be a community living arrangement) (3)

Group or personal care home of 5 or more individuals (Probe: could also be an assisted living community) (4)

An apartment (5)

A house (or condominium) (6)

Other: (7) _____

Don't Know (8)

Refused (9)

Not Applicable (10)

Proxy Relationship

6. If the respondent is a proxy, what is their relationship to the participant?
- Family (1)
 - Friend (2)
 - Service/Care Provider (3)
 - Not Applicable (4)
 - Don't Know (5)
 - Refused (6)

Health Status

7. In general, would you say your health is:
- Excellent (1)
 - Good (2)
 - Fair (3)
 - Poor (4)
 - Don't Know (5)
 - Refused (6)
8. Do you have a doctor or clinic that you go to regularly?
- Yes (1)
 - No (2) **IF NO, GO TO QUESTION 8a.**
 - Don't Know (3)
 - Refused (4)

8a. Why? (Probe: Please describe the barriers you've experienced). *(Interviewer: write down participant/proxy responses)*

Assistive technology devices and durable medical equipment

9. What would you say is your primary disability or limitation: _____
- Probe: What diagnosis or condition keeps you from doing things independently?

After the respondent provides a primary disability, confirm that the response fits into one of the categories below:

- Cognitive/Language [Developmental Disability, Traumatic Brain Injury (TBI)] (1)
- Hearing [Deaf, hard of hearing, hearing loss] (2)
- Mental/Emotional [Severe and Persistent Mental Illness (SPMI)] (3)
- Physical [Mobility loss, dexterity, or stamina] (4)
- Vision [Blind, low vision, vision loss] (5)
- Not Applicable (6)
- Don't Know (7)
- Refused (8)

10. Is there an area of your life at home where you would like to increase your independence?

YES (1) **If YES, go to 10a.**

No (2)

Not Applicable (3)

Don't Know (4)

Refused (5)

10a. What area? _____ (Prompts – getting around inside your home, bathing, dressing, toileting, communicating, preparing meals.)

11. I would like to talk with you about any devices or special equipment you might use. Assistive devices include any item, piece of equipment, or technology that helps people live more easily in their homes or do things for themselves. Are there any devices or special equipment that could assist you to remain as independent as possible in your home?

YES (1) **If YES, go to 11a.**

No (2)

Not Applicable (3)

Don't Know (4)

Refused (5)

11a. What type of device or special equipment: _____ (Number) _____

Code response based on the following categories of assistive devices or special equipment:

1. home modifications, such as entrance ramps, wide doorways, raised toilet seat, roll-in shower, grab bars, etc.
2. mobility devices, such as walker, cane, wheelchair, scooter, Hoyer lift, stair lift, etc.
3. computer access aids, such as touch screens, trackball mouse, speech to text software, adjustable workstations, etc.
4. communication aids, such as communication boards, speech output devices, switches to control devices, voice activated telephones, etc.
5. devices for people who are deaf or hard of hearing, such as TDD, TTY, phone re
6. devices for people who are blind, legally blind or have low vision, such as Braille translation software, large button telephone, magnification, CCTV, etc.
7. environmental controls to control items in your environment by voice or switch activation, such as lights or lamps, room temperature, TV, door opener/closer, etc.
8. Lifeline or a 24 hour life alert system
9. Transportation aids, such as a van lift or ramp, adaptive driving controls, etc.
10. Other devices or equipment (describe):

Employment

12. **ASK ONLY IF ANSWERED YES TO WANTING TO WORK OR VOLUNTEER in either Question 31a. OR 32a.)**

Earlier in the survey you were asked about your interest in working for pay or doing volunteer

work. What keeps you from working for pay or doing volunteer work? (*Interviewer: write down participant/proxy responses*)

****VERIFY THE ADDRESS WHERE THE PARTICIPANT RESIDES****

CLOSEOUT

42. Those are all the questions I have you now. We would like to talk with you in about a year or so to find out how you are doing. In case we have trouble reaching you, what is the name, address, and phone number of a close relative or friend who is not living with you and is likely to know your location in the future? For example, a mother, father, brother, sister, aunt, uncle, or close friend.

No Contact Available..... 01
Contact Available 02

➔ **GO TO QUESTION 43**

42a. Contact Name: _____
42b. Contact Street Address: _____
42c. Contact City: _____
42d. Contact State: _____
42e. Contact ZIP _____
42f. Contact Phone: _____

43. *Interviewer: Did you complete the interview with the sample member alone, the sample member who was assisted by another, or with a proxy?*

Sample Member Alone..... 01
Sample Member with Assistance 02
Proxy 03

44. *Interviewer: Record date the interview was completed:*

[_____] [_____] [_____]
Month Day Year

➔ **END INTERVIEW**